

ONE-TIME PURCHASES: ADAPTIVE EQUIPMENT, SPECIAL MEDICAL NEEDS, & STATE FUNDED

Community Supports, Transition, and Acquired Brain Injury Waivers

Directive 2.23

Authorizing Code: [62A-5-103](#)

Rule: n/a

Version Date: January 2021

Form: 295 CAPS

Purpose

This process outlines one-time purchases for the following services: Environmental Adaptations to the Home or Vehicle (EA1 and EA2), Specialized Medical and Assistive Technology Needs (SM1), and State Funded (MAG).

Service Codes

- EA1 - Environmental Adaptations to the Home: EA1 is equipment and physical adaptation to the Person's residence necessary to assure the health, welfare and safety of the Person or enhance the Person's level of independence. EA1 purchases must be related to allowing the Person to remain in their housing within the community and avoid placement in a Nursing Facility, or ICF. EA1 is ONLY available in the private residence of the Person or the Person's family.
- EA2 - Environmental Adaptations to a Vehicle: EA2 is for vehicle equipment or adaptations to the Person's vehicle necessary to assure the health, welfare and safety of the Person, or enhance the Person's level of independence. EA2 purchases must be related to allowing the Person to remain in their housing within the community and avoid placement in a Nursing Facility, or ICF. The vehicle must be owned by the Person, their family member with whom the Person lives with or has consistent and on-going contact, or a non-relative who provides primary long-term support to the Person and is not a paid provider.
- SM1 - Specialized Medical and Assistive Technology Equipment: SM1 are items that enable the person to increase their abilities to perform Activities of Daily Living (ADL) or; to perceive, control, or communicate with their environment or; medical equipment not available through insurance.
- MAG – State Funded One-Time Purchase: MAG purchases are for items needed to ensure the health, welfare and safety of the Person.

Contact Information

- Program Coordinator: Becky Dalby, beckydalby@utah.gov
- DSPD Administrative Service Manager: Darcy Anderson, darcyhanderson@utah.gov

Forms

The 295 CAPS Form is available on the [DSPD web page](#): select Providers, SCS, & Staff, select Miscellaneous Forms.

Nine Steps to Complete a One-Time Purchase

1 Support Coordinator determines need.

- a. The Person has a need for adaptive equipment, special medical needs, or other item(s) to ensure the Person's health and safety; and
- b. The item(s) cannot be funded by the Person, through insurance, or other resources.

2 Determine the best equipment or item to purchase to meet the Person's need.

- a. For a purchase of *\$1,000 or more*, a professional assessment is required. A professional assessment may be completed by one of the following:
 - i. Home Health Agency;
 - ii. Occupational Therapist;
 - iii. Physical Therapist; or
 - iv. Utah Center for Assistive Technology (UCAT).

Note: If the Person has Medicaid, an assessment by a Home Health Agency, Occupational Therapist or Physical Therapist can be requested through Medicaid even if the Person does not receive an ongoing service from the professional agency. Contact the Person's Accountable Care Organization (ACO) to request an assessment. The ACO phone number is located on the back of the Medicaid card.

- b. For a purchase of *\$999.99 or less*, one of the following is required:
 - i. A professional assessment, as described in Step 2a;
 - ii. Conduct research, including: consultation with the Person, family, medical professionals, and other applicable community resources; or

- iii. Contact one or more of the vendors that have State Cooperative Contracts and request a consultation (Step 4 describes how to access a contracted vendor).

3 Support Coordinator obtains primary insurance coverage, Medicaid coverage, and a prescription for each equipment request (EA1, EA2, SM1, and applicable MAG Purchases).

- a. Request Medicaid and/or private insurance coverage for *each item* requested. Exceptions for MAG purchases may apply; contact the Program Coordinator with questions. (Instructions on page 6 describe how to request Medicaid coverage.)
- b. Obtain a prescription from the Person's physician or advanced practice registered nurse with prescriptive privileges for *each item* requested. Prescriptions are only valid within 1 year of the date on the prescription.
- c. Upload the insurance denial(s) into USTEPS using the 'Medicaid Insurance Denial' and 'Private Insurance Denial' document type. A private insurance denial is applicable if the Person has private insurance coverage.
- d. Upload the prescription(s) into USTEPS using the 'Prescription' document type.

Requests for Medicaid coverage, documentation of denial, and prescriptions are required documentation for the RFS.

4 Support Coordinator obtains quotes/bids for all service codes.

Equipment Purchase (EA1, EA2, SM1): Purchase must be made from a vendor with a current State Cooperative Contract for any of the following items: ceiling track lift; portable lift; stair lift; vertical platform lift (VPL); vehicle lift; parts, repairs, or maintenance of a lift; ramps; strollers; bathing, toileting, activities of daily living (ADL) assistive equipment; and other comparable environment adaption, special medical equipment, or accessibility equipment.

State Cooperative Contractors include Amazon and vendors found on the [Utah State Purchasing website](#): select State Contracts, select Statewide Best Value State Cooperative Contracts, search for "Patient Wheelchair Lifts Ramps Modifications and Accessories".

- a. Obtain a **separate quote for each item** requested, as outlined below:
 - i. Purchase from a vendor with a current State Cooperative Contract:
 - A. If the purchase is *\$999.99 or less*, at least one quote is required.
 - B. If the purchase is *\$1,000 or more*, at least **two** written comparable quotes are required. The Support Coordinator must keep documentation of contacting multiple vendors to request quotes. Vendors must be given at least two weeks to submit a quote. If

two quotes cannot be obtained, the Support Coordinator must maintain and include documentation of efforts to obtain the required quotes with the Request for Services (RFS).

- b. Purchase from a non-contracted vendor:
 - i. If the purchase is *\$999.99 or less*: at least one quote is required.
 - ii. If the purchase is *\$1,000 or more*: at least **two written** comparable quotes are required.
 - iii. If the purchase is *\$5,000 or more*, a Purchase Order through State Purchasing at the State Capital is required.

Note: The Program Coordinator will assist you with the Purchase Order after RFS approval. Notify the Program Coordinator by email of the approved RFS and need for a Purchase Order.

Quotes/Bids are required documentation for the RFS.

5 Support Coordinator submits an RFS.

- a. Complete and submit an RFS through USTEPS. (Refer to [USTEPS help manual](#) for instructions on how to complete an RFS. If additional help is needed, please contact the USTEPS helpline.)
- b. Wait for RFS approval.

6 Support Coordinator notifies the Program Coordinator of RFS approval.

- a. Email notification of RFS approval to the Program Coordinator.
 - i. Use 'RFS approval for one-time purchase' for the email subject line.
 - ii. Include the Person's name and each approved item.
- b. The Program Coordinator will email an award notification to the vendor and Support Coordinator.

Note: The Support Coordinator must not contact any vendor to authorize or promise work before the Program Coordinator emails an award notification to the vendor and the Support Coordinator.

7 Support Coordinator completes 295 CAPS Form for all service codes.

- a. Email the following documentation to the Service Manager:
 - i. Completed 295 CAPS Form that includes:
 - A. All general and budget information; and

- B. the provider signature.
- ii. Copy of the State Purchasing Purchase Order, if
 - A. the purchase is *\$5,000 or more*, or
 - B. purchased from a non-contracted vendor.
- iii. Completed W9 signed within the last six months, if the provider is not known in CAPS.

Note: To check if a provider is known in CAPS: open USTEPS, select CAPS searches, select Provider Search, enter the provider name in the search value, and select search.

8 Support Coordinator adds purchase to USTEPS for all service codes.

- a. Program Coordinator notifies the Support Coordinator by email that the USTEPS approval is created.
- b. Enter the purchase into the Person's PCSP and plan budget. Use the approval details from the Program Coordinator's email. (The PCSP and plan budget are located in USTEPS.)

9 Support Coordinator coordinates final vendor invoice and payment.

- a. Coordinate with the vendor and Person to ensure delivery and installation of the product.
 - i. Contact the Person/family to verify product delivery, installation, and satisfaction of the Person/family.
 - ii. Contact the vendor to coordinate any additional items that may be needed for satisfactory completion of the project. Cost of additional items must stay within the approved budget amount. The project total amount shall not exceed the approved budget amount.
- b. Obtain a final invoice from the vendor that will, at a minimum, contain:
 - i. Vendor's name;
 - ii. Description of the purchase (should match the original quote or final approved quote);
 - iii. Cost of the work (should match the original quote or final approved quote); and
 - iv. Date of project completion.
- c. Email the final invoice to the Program Manager.
- d. Approve the payment through the E520 process.

Note: The Support Coordinator must verify satisfaction with the product/project condition and installation before approving payment.

Instructions: How to Request Medicaid Coverage for One-Time Purchases Prior to Requesting Funding from DHS/DSPD

Follow the instructions based on the Person's age category: aged 21 years or older; or aged 20 years or younger. Use one or a combination of the paths to obtain a Medicaid denial described for the applicable age category.

A Medicaid Billing Number is required to use the Medicaid Coverage and Reimbursement Code Lookup Tool. Not all items will have a billing number. There are no billing numbers for vehicle lifts; items that are permanently attached to home such as: stair lifts, ceiling track lifts, ramps, vertical platform lifts (VPL), walk-in showers, and grab bars; and like items. If the item is considered medically necessary and the billing code cannot be identified, call a Medicaid Health Program Representative at 1-866-608-9422, or contact the Person's Accountable Care Organization for assistance in making the request.

Explore use of medically necessary items covered by Medicaid before requesting alternative items from DHS/DSPD.

FOR PERSONS AGED 21 YEARS OR OLDER

A. Use the [Medicaid Coverage and Reimbursement Code Lookup Tool](#) on the Utah Department of Health Medicaid webpage to verify State Plan Medicaid coverage.

1. Select the type of provider (62 – Medical Supplier).
2. Enter the Medicaid Billing Number.
3. If the item is covered, purchase it with the Medicaid card.
4. If the item is not covered, print the screen as your Medicaid denial.

Example: If you are purchasing an adult car seat, the "Medicaid Billing number" or HCPC is T5001. Enter in provider type 62, then enter code T5001, and, finally, enter the current date into the Lookup Tool. The tool will bring up the State plan requirements for car seats. Find the heading "Allowed Age Range", it will state: "EPSDT Only". This means that State plan may cover a car seat for a Person aged 20 years or younger. For Persons aged 21 years and older, however, a car seat is not a Medicaid benefit (i.e., adult car seat). Print the screen or take a screenshot of the T5001 code on the Lookup Tool. The screen information is sufficient to show that the item is not a covered benefit.

Note: If the Person is aged 20 years or younger, please refer to page 7.

B. Use the current State Plan Manual for Medical Supplies to identify items that are NOT covered by Medicaid. These items include vehicle lifts, and items permanently attached to the home. (See page 8 for more information.)

1. Ensure you are using the most current manual at the time you pull the screen shot. The State Plan Manual is located on the [Utah Department of Health Medicaid Manuals webpage](#).
 - a. Select the "Utah Medicaid Provider Manual" link, then select "I accept".

- b. Select the “Medicaid Provider Manuals” folder.
- c. Select the “Medical Supplies And Durable Medical Equipment” folder.
- d. Select the “MedSupplyDME.pdf” link to open the manual. Go to “section 9 Non-Covered Services”.

2. Print a screenshot of “section 9 Non-Covered Services” as your Medicaid denial.

- C. If the item is not considered medically necessary as defined in Utah Administrative Code § R414-1-2(18). Submit a copy of the Administrative Code as the Medicaid denial.
- D. Contact a Medicaid Health Program Representative at 1-866-608-9422 and ask if the item is covered by Medicaid. Document the conversation with Medicaid. The documentation must include the date, who you spoke with, and that they confirm an item is not covered by Medicaid. Use the documented conversation as your Medicaid denial.

FOR PERSONS AGED 20 YEARS OR YOUNGER

Persons aged 20 years or younger are entitled to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits. EPSDT benefits cover a broad array of preventive services. This may include coverage of adaptive equipment that will keep a Person in community with their family.

- A. Use the [Medicaid Coverage and Reimbursement Code Lookup Tool](#) on the Utah Department of Health Medicaid webpage to verify if an item is covered by State Plan Medicaid.
 1. Select the type of provider (62 – Medical Supplier).
 2. Enter the Medicaid Billing Number.
 3. If the item is covered, purchase it with the Medicaid card.
- B. If the billing code cannot be identified, call a Medicaid Health Program Representative at 1-866-608-9422, or contact the individual’s Accountable Care Organization for assistance in making the request.

MEDICALLY NECESSARY

Utah Administrative Code § R414-1-2(18) and Section I: General Information Provider Manual define medically necessary.

Utah Administrative Code § R414-1-2(18) states:

(18) “Medically necessary service” means that:

(a) it is reasonably calculated to prevent, diagnose, or cure conditions in the recipient that endanger life, cause suffering or pain, cause physical deformity or malfunction, or threaten to cause a handicap; and

(b) there is no other equally effective course of treatment available or suitable for the recipient requesting the service that is more conservative or substantially less costly.

Chapter 8-1 Medical Necessity in Section I: General Information Provider Manual states:

A provider must only furnish or prescribe medical services to the member that are medically necessary. A service is “medically necessary” if it is reasonably calculated to prevent, diagnose, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, or threaten to cause a disability, and there is no other equally effective course of treatment available or suitable for the member requesting the service which is more conservative or substantially less costly.

State Plan EPSDT

Coverage must be requested from Medicaid for all items needed. Medicaid requests must fully demonstrate medical necessity for the EPSDT eligible Person prior to DSPD considering funding.

Written Medicaid Denial

Temporary or portable type lifts, like Hoyer lifts, can be covered by Medicaid, so a screenshot from the State Plan Manual will not be sufficient. To purchase a temporary or portable lift, a written denial or documentation of a conversation with Medicaid is required.

If a Medicaid Health Program Specialist or Accountable Care Organization states the item(s) is not covered by Medicaid, a written denial from Medicaid is required before submitting a RFS. DSPD may require an appeal of the Medicaid denial. To file an appeal, follow the instructions included with the Medicaid denial or go to the [Utah Department of Health Medicaid Hearings web page](#).

SECTION 9 NON-COVERED SERVICES

Some specific non-covered DME are listed below. The list is not all inclusive.

- Equipment permanently attached or mounted to a building or a vehicle, including ramps, lifts, and bathroom rails.
- Sacro-lumbar or dorsal lumbar corset type supplies are not considered prosthetic devices or special appliances.